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Named Plaintiff Drug Encounter Summary- REDACTED (Named for Baxter, Fujisawa, Sicor, and Watson)

Exhibit 3-c REDACTED

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	Drug Description ⁽¹⁾	IDE 0.9% IVSL		NORMAL SALINE SOLUTION INFUS	NORMAL SALINE SOLUTION INFUS	INJECTION	CISPLATIN, POWDER OR SOLUTN,10	DEXAMETHASONE SODIUM PHOSHATE-TO	DEXTROSE 5%-WATER 5% IVSL IV 5
	:	SODIUM CHLORIDE 0.9% IVSL		NORMAL SALINE	NORMAL SALINE	CISPLATIN 10MG INJECTION	CISPLATIN, POW	DEXAMETHASON	DEXTROSE 5%-V
) Code	J7030		7030	7050	090er	09060		
L	Date of Service	12/31/01		01/09/02	01/09/02	01/09/02	01/10/02	01/10/02	01/10/02

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Named Plaintiff Drug Encounter Summary. REDACTED (Named for Baxter, Fujisawa, Sicor, and Watson)

Exhibit 3-c REDACTED

	Available Clark Support	CLARK 0029, CLARK 0032, CLARK 0036, CLARK 0041, CLARK 0137, CLARK 0137, CLARK 0300-0326, ABPA 001-154	CLARK 0030, CLARK 0032, CLARK 0036, CLARK 0041, CLARK 0137, CLARK 0300-0328, ABPA 001-155	CLARK 0030, CLARK 0032, CLARK 0034, CLARK 0041, CLARK 0137, CLARK 0300-0328, ABPA 0011-155	CLARK 0030, CLARK 0032, CLARK 0036, CLARK 0041, CLARK 0137, CLARK 0137, CLARK 0287, CLARK 0287,
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	Drug Description ⁽¹⁾	NORMAL SALINE SOLUTION INFUS	NORMAL SALINE SOLUTION INFUS	NORMAL SALINE SOLUTION INFUS	CISPLATIN 10MG INJECTION
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Named Plaintiff Drug Encounter Summary- REDACTED (Named for Baxter, Fujisawa, Sicor, and Watson)

HIGHLY CONFIDENTIAL

Exhibit 3-c REDACTED

	Available Clark Support	CLARK 0030, CLARK 0032, CLARK 0034, CLARK 0041, CLARK 0136, CLARK 0137, CLARK 0137, CLARK 0137,	ABPA 001-155	CLARK 0031, CLARK 0032, CLARK 0041, CLARK 0041, CLARK 0137, CLARK 0300-0326,	ABPA 001-0157	CLARK 0031, CLARK 0032, CLARK 0036, CLARK 0041, CLARK 017, CLARK 0287, CLARK 0300-0326,	CLARK 0033,	CLARK 0041, CLARK 0140, CLARK 0286,	CLARK 0300-0326	CLARK 0036, CLARK 0041,	CLARK 0140, CLARK 0286, CLARK 0300-0326
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		CISPLATIN 50MG INJECTION		DEXAMETHASONE SODIUM PHOS		NORMAL SALINE SOLUTION INFUS		NORMAL SALINE SOLUTION INFUS			NORMAL SALINE SOLUTION INFUS
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Named Plaintiff Drug Encounter Summary - REDACTED Named for Baxter, Fujisawa, Sicor, and Watson)

Exhibit 3-c (REDACTED

C-Hospital D - No Responsibility/ Flat OPPS CoPay F - Missing Evidence	Defendant did not manufacture in the manufacture in	X X X X X X CLAR		× × × ×	× × ×	× × ×	CLARK 0036, CLARK 0041, CLARK 0041, CLARK 0041, CLARK 0143, CLARK 0144, CLARK 0144,	CLARK 0036, CLARK 0041,
	Drug Description ⁽¹⁾	N N	CISPLATIN 50MG INJECTION	NORMAL SALINE SOLUTION INFUS	NORMAL SALINE SOLUTION INFUS	NORMAL SALINE SOLUTION INFUS	CISPLATIN 10MG INJECTION	***************************************
	J Code	0906C	79062	J7050	J7030	37050	79060	
	Date of Service	03/12/02	03/12/02	03/19/02	04/10/02	04/10/02	04/10/02	

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Named Plaintiff Drug Encounter Summary. REDACTED : (Named for Baxter, Fujisawa, Sicor, and Watson)

Exhibit 3-c : REDACTED

	Available Clark Support	A C C C C	CLARK 0023,	CLARK 0159 CLARK 0018, CLARK 0023, CLARK 0159	CLARK 0018, CLARK 0159	CLARK 0285 CLARK 0285	CLARK 0285	CLARK 0285 CLARK 0285	
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	Drug Description ⁽¹⁾	NORMAL SALINE SOLUTION INFUS	SODIUM CHLORIDE 0.9% 0.9% IVSL	SODIUM CHLORIDE 0.9% 0.9% IVSL	SOUTH CHLUKIDE 0.3% IVSL 1, 5 NORMAL SALINE SOLUTION INFUS	SOLUTION INFU	MG INJ	DEXAMETHASONE ACETATE INJ 32	
		NORMAL SALINE	SODIUM CHLOR	SODIUM CHLOR	NORMAL SALINE	NORMAL SALINE SOLUTION 15% DEXTROSEWATER	ETOPOSIDE 100 MG INJ	DEXAMETHASO	
	J Code	J7050	J7030	J7030	J7040 J7050	J7040 J7060	J9182	J1094 ters	
	Date of Service	04/17/02	08/20/02	08/20/02	08/20/02		10/24/05	l S	

Notes:

(1) Depending on documentation available, drug descriptions were first based on Medicare EOB provided in discovery, then no drug description is billed observed and a facility of the nording seconds.

then on drug description in billed charges, and finally on 2005 CMS NDC-HCPCS Crosswalk.

(2) Administered at Mayo Clinic Hospital which is reimbursed under OPPS.

(3) Comprehensive cross-walk information and detailed analysis of the methodology used by Medicare to establish reimbursement for multi-source drugs was not available until the recent Medicare cross-walk information the Single Drug Pricer process in 2003. Therefore, I have identified multi-source drugs based on these recent sources. The status of drugs over the entire class period would require extensive analysis. However, the transactions identified by named plaintiffs were primarily related to the more recent time frames, so I have limited my analysis at this time to the SDP and Medicare Crosswalk information currently available through CMS.

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Named Plaintiff Drug Encounter Summary- REDACTED (Named for Abbot, Baxter, Fujisawa, Immunex, and Watson)

REDACTED

Exhibit 3-d.

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(3) Comprehensive cross-walk information and detailed analysis of the methodology used by Medicare to establish reimbursement for multi-source drugs was not available until the recent Medicare cross-walks were published by CMS and CMS implemented the Single Drug Pricer process in 2003. Therefore, I have identified multi-source drugs based on these recent sources. The status of drugs over the entire class period would require extensive analysis. However, the transactions identified by named plaintiffs were primarily related to the more recent time frames, so I have limited my analysis at this time to the SDP and Medicare Crosswalk information currently available through CMS. Notes:

(1) Depending on documentation available, drug descriptions were first based on Medicare EOB provided in discovery, then on drug description in billed charges, and finally on 2005 CMS NDC-HCPCS Crosswalk.

(2) Mr. Haviland's reference of the drug transaction for Novantrone (Mitoxantrone) administered to Mr. Howe on 12/1/2005 (Howe 0230) is not sold by a defendant. It is sold by Serence of November 13, 2002.

J-Code Analysis Detail - Randle Affidavit - Sheet Metal Workers

Exhibit 4-B

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2	8/1/2001	30635	Calcitriol Injection	001180, 001181			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	-		,	,	
3	6/23/2005	J1940		000004	×	=	-			<	<	
4	1/8/2004	J1580	Garamycin Gentamicin Inj (4)	001439, 001440		+		-	,	,	 	
Ω.	8/5/2004	J1644	Heparin Sodium ⁽³⁾	000128	×		╞		-	<u> </u>	×	
9	10/1/2002	30640	Leucovorin calcium injection ⁽⁶⁾	001368, 001370		É	,	-				
2	10/8/2002	J0640	Leucovorin calcium injection ⁽⁵⁾	001368, 001370			-	-		〈	× ;	
8	10/15/2002	J0640	Leucovorin calcium injection ⁽⁹⁾	001369, 001370			+	-		× ;	×	
6	10/29/2002	J0640	Leucovorin calcium injection ⁽⁵⁾	001369, 001370			╪			×	×	
10	9/19/2005	J3370	Vancomycin HCL ⁽³⁾	000524	,	-	<u> </u>	\downarrow		×	×	
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18	4/21/2004	J9060	Cisplatin 10 MG	000259		F	,				+	T
19	4/21/2004	J9062	Cisplatin 50 MG injection	000259	<u> </u>	+	<u> </u>			×	×	
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J-Code Analysis Detail - Randle Affidavit - Sheet Metal Workers

Exhibit 4-B

E. Missing Evidence

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J. Hallad			<u> </u>]	<u></u>	L	_[Ľ	×	<u> </u>		×	×	*	×	×				<u> </u>			<u></u>			
SMWMASS Applicable Support ⁸⁾	000876	000128, 000130	000524		000177	600177		000970	000973	000524	000353	001238	000876	000876	001691	001439		001368, 001370	001368, 001370	001369, 001370	001369, 001370		001368, 001370	001368, 001370	001369, 001370	
Drug Description ⁽¹⁾	Doxorubic hcl 10 MG vI chemo ⁽⁸⁾	Heparin Sodium	Vancomycin HCL ⁽⁶⁾		Albuterol Unit Dose	Ipratropium Bromide		Triamcinolone Hexaceton ⁽¹⁹⁾ A:S+S-	Triamcinolone Diacetate (10) A > 10 + 10 + 10	Vancomycin HCL ⁽¹⁰⁾	Tacrolimus Oral Pregua &	Dexamethasone Sodium Phosphate ⁽¹⁰⁾	Dexamethasone Sodium Phosphate ⁽¹⁰⁾	Doxorubic hci 10 MG vi chemo ⁽¹⁰⁾	Fluorouracii injection ⁽¹⁰⁾	Gentamicin Sulfate ⁽¹⁰⁾		Leucovorin calcium injection	Leucovorin calcium injection	Leucovorin calcium injection	Leucovarin calcium injection		Leucovorin calcium injection	Leucovorin calcium injection	Leucovorin calcium injection	
J Code	00061	11644	J3370		J7613	J7644		13303	J3302	J3370	J7507	J1100	J1100	00066	J9190	J1580		30640	J0640	30640	J0640		30640	J0640	J0640	
Date of Service	2/2/2004	8/5/2004	9/19/2005	9)	3/24/2005	3/24/2005	_	6/11/2002	6/11/2002	9/19/2005	6/8/2004	10/9/2001	2/2/2004	2/2/2004	6/16/2000	1/8/2004		10/1/2002	10/8/2002	10/15/2002	10/29/2002		10/1/2002	10/8/2002	10/15/2002	
Encounter #	23	22	23	Dey Labs 3(g	24	25	Fujisawa 3(h)	26	27	28	29	30	31	32	33	34 Consis 3/il	Oction of	35	36	37	38	Immunex 3(j)	39	40	44	

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J-Code Analysis Detail - Randle Affidavit - Sheet Metal Workers

Exhibit 4-B

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J-Code Analysis Detail - Randle Affidavit - Sheet Metal Workers

	•				,					u	E. Missing Evidence	a Evides	9	
ncounter#	Date of Service	Jogé	r Drin Description(1)		fendant Did Not Manufacture	SAS 2005	SqqO lesiqsoh	Muldsource	Urchased Outside	Mittance Advice Delair	Jool of Source		Buluieme	
				SMWMASS Applicable Support	20		. 1	10	1-0	.]	3.8	_	F. F	
	10/9/2001	21100	Dexamethasone sodium phos	001238		_	Ž							
	1/13/2005	J2916	Sodium Ferric Gluconate	000188		>	,	cate Cla	Duplicate Claim. See Fujisawa Exhibit 3(h)	ujisawa E	xhibit 30	<u>_</u>	T	
	1/20/2005	J2916	Sodium Ferric Gluconate	000188		{ ;	<		-	Y/N	×	Ŧ	Τ	
	1/6/2007	000.71			1	×	×			¥.	×	\exists	T	
	1/0/2004	31580	ulfate	001439			ā	Nicate CI	Duplicate Claim. See Abbott Exhibit 3(a)	Abbott Ext	hibit 3/a)	_		
	6/11/2002	J1750	from Dextran	001265				^		'		F	T	
	6/25/2002	J1750		001266				,	-		-	+	T	
	7/9/2002	J1750	Iron Dextran	001267	F			< >	\dagger	`		+-	Т	
	7/23/2002	J1750	Iron Dextran	001267				,		\	1	+	T	
	9/19/2005	J3370	Vancomycin HCL	000524				A ateoli	Dinificate Claim See Bards - Fabrica 47.1	\		=	T	
					1			יייייייייייייייייייייייייייייייייייייי	1 Occ .	DAXIBL EXI			_	

Total Encounters:

33

(1) The Drug Description is based on the April 2005 Medicare Crosswalk as the documentation only identified the J-code of the drug and not the drug name.
(2) This claim was billed using J-3490 or "Unclassified Drug" with no support as to the actual drug administered. According to CMS, in order to process payment for an unlisted drug or biological the following information is required: 1) Name of Drug — brand name and generic (if applicable) 2) Dosage of Drug — strength and quantity 3) Method of administration (if y. Sc, IM) and 4) Percentage (if applicable). This information should be submitted in Item 19 of the CMS-1500 claim form. None of these items of support were provided. Therefore, it is not possible to determine the identity of the drug or

(10) Randle Affadavit's reference to this drug administered to Sheet Metal Workers related to its claim against Abbott. I have been informed by counsel that Abbott did not manufacturer or market these drugs after April of 2004.

(4) This claim was listed multiple times by plaintiff for other defendants and are listed under those defendants also.
 (5) This claim was listed multiple times by plaintiff for other defendants and are listed under those defendants also.
 (6) This claim was listed multiple times by plaintiff for other defendants and are listed under those defendants also.
 (7) This claim was listed multiple times by plaintiff for other defendants and are listed under those defendants also.
 (8) The following claims of and included support i.e. Remittance Advices etc.) included in the exhibits of Randie's Affadavit were not analyzed as they did not contain applicable J-codes for the Track 2 Subject Drugs. Bates Nos. 000044, 000027, 000039, 000004, 000020, 000016, 000016, 000016, 000016, 000012, 000016, 00016, 0000016, 000016, 000016, 0000016, 000016, 000016, 000016, 000016, 000016, 000016, 000016, 000

(9) Randle Affadavit's reference to Mitoxantrone hydrochi / 5 MG administered to Sheet Metal Workers (Bates Nos. 000008, 000023, 000027 and 000039) is not sold by a defendant. It is sold by Sereno after November 13, 2002.

(10) Randle Affadavit's reference to various multi-source drugs administered to Sheet Metal Workers related to its claim against Fujisawa. I have been informed by counsel that Fujisawa did not manufacturer or market these drugs during the period these transactions occurred.

(11) Comprehensive cross-walk information and detailed analysis of the methodology used by Medicare to establish reimbursement for multi-source drugs was not available until the recent Medicare cross-walks were published by CMS and CMS implemented the Single Drug Pricer process in 2003. Therefore, I have identified multi-source drugs based on these recent sources. The status of drugs over the antire class period would require extensive analysis. However, the transactions identified by named plaintiffs were primarily related to the more recent time frames, so I have limited my analysis at this time to the SDP and Medicare Crosswark information currently available through CMS.

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4 of 4

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Exhibit 6

Average Winclesale Price J Gode Analysis Detail Plaintiff Multi-Source Drugs - Snapshot at Date of Initial Single Drug Pricer (SDP) Background File

						=	_	-	
J Code	Drug Description ⁽¹⁾	# of Sources - Medicare Crosswalk and CMS Background	Total # of Sources - Compendia Equivalent Unit Reports (2)	# of NDCs (4)	AWA E005 AWA E005 AND TO SOUTH THE PROPERTY OF	Background File Based Actual Medicare Reinbursem	Reimbursement Assumed My Assumed In Reimbursement Reimbursement Reimbursement	Medicare Basis of Reimbursoment 2003 Medicare Background File	Detes) (a) Legipul (Ashous 20% Coinstraine per
ss 1 Muft	Class 1 Mulu-source Drugs from Exhibit 3								
J1094	Inj dexamethasone acetate	4	7	¥	\$0.29 - \$0.75	\$0.71	\$0.75	Lowest Branded	None Available
31100	Dexamethasone sodium phos	11	12	×	\$0.05 - \$0.56	\$0.10	\$0.11	Lowest Branded	\$0.60
31260	Dolasetron mesylate	2	2	ഗ	\$17.32 - \$18.70	\$16.45	\$17.32	Lowest Branded	\$27,70
31440	Filorastim 200 McG	2	2	ນ	\$51.86 - \$227.60	\$185.90	\$195.68	Lowest Branded	None Avaitable
71580	Garamyon gentaraton ini	1	8	16	\$1.26 - \$5.84	\$1.80	\$2.00	Median Generic	\$4.38
11720	Hydrocorthsone sodium succi	r,	5	15	\$0.86 - \$3.75	\$2.49	\$2.62	Lowest Branded	\$0.35
17030	Normal saline solution infus 1000 co	ç	9	33	\$5.17 - \$70.30	\$10.77	\$11.34	Median Generic	\$2.15
17040	Normal saline solution infus 500 cc	s	,	32	\$5.17 - \$35.15	\$5.39	\$5.67	Median Generic	None Available
17050	Normal saline solution infus 250 cc	25	9	ક્	\$1.29 - 17.58	\$2.70	\$2.84	Median Generic	\$4.24
1708071	15% dextrose(water, 500 mi	ď	S	22	\$5.40 - \$22.75	\$9.04	29.63	Median Generic	None Available
J7619 (8)	Albuteral intr Sal	22	22	g	\$0.25 - \$0.87	\$0.47	\$0.49	Median Generic	\$23.40
37644	loratropium Bromide Intral Soln.	O.	13	23	\$1.41 - \$4.52	\$3.34	\$3.52	Not Available	\$33.84
9060		50	3	- 11	\$16,80 - \$50,00	\$15.98	\$16.80	Lowest Branded	\$34.19
19062	Cisplatin 50 MG injection	ß	5	12	\$84,00 - \$249.98	\$79.80	\$84.00	Lowest Branded	\$85.49
J9182	Etoposide 100 MG hij	7	7	24	\$18.00 - \$157.60	\$17.10	\$18.00	Median Generic	None Available
J9370 (9)	Vincristine sulfate 1 MG Inj	2	2	φ	\$18.81 - \$43.23	\$33.98	\$35.77	Median Generic	\$6.08
055(12)(13)	Q4055(12ll13) Epoetin alfa	ĸ	3	20	\$13.36 - 514.71	\$12.69	\$13.36	Lowest Branded	None Available
ses 2 Add	Class 2 Additional Mulli-source Drugs from Exhibit 4								
J0456	Azithromycln	3	ຜ	4	\$26.72 - \$27.39	\$25.55	\$26.89	Lowest Branded	None Available
2690C	Catcitriol injection	O	9	7	\$14.20 - \$15.31			Not Available	None Available
J0640	Leucovorin calcium injection	11	12	37	\$2,40 - \$49.46	\$3.71	\$3.91	Median Generic	None Available
31441	Filgrastim 480 mcg injection	2	2 .	8	\$82.65-\$362.60	\$314.07	\$330,60	Lowest Branded	\$55,43
J1644	Inj hepanin sodium per 1000u	11	-	57	\$0.09 - \$15.78	\$0.40	\$0.42	Lowest Branded	None Available
J1750	fron Dextran	4	4	25	\$18.85 - \$38.08	\$17.91	\$18.85	Lowest Branded	\$7.16
J1940	Furosemide Ini	G	10	24	50.44 - \$2.89	\$0.98	\$1.03	Median Generic	None Available
12930	Methylprednisolone injection	7	æ	14	\$2.38 - \$12.50	\$3,24	\$3.41	Lowest Branded	\$1.72
13302	Triamcinolone Diacetate	8	ω	9	50.36 - 50.93	\$0.34	\$0.38	Lowest Branded	\$1.03
13303 (11)	Triamcinolone Hexacelon	2	2	5	•	\$1.01	\$1.06	Lowest Branded	\$2.08
J3370 FP	Vancomyoin HCL	ß	ເລ	1.8	\$3.03 - \$17.53	\$7.03	\$7.40	Lowest Branded	None Available
17613 (5)	Albuterol Unit Dose	24	24	73	\$0.25 - 50.87	\$0,47	\$0.49	Median Ganeric	\$4.20
00060	Doxorubic had 10 MG vl chemo	4	ĸ	25	\$9.84 - \$44.00	\$9.68	\$10.20	Lowest Branded	\$17,95
(8)		7	7	÷	\$4 08 - SE 02	SE 71	SE 03	I nwest Branded	511.29

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Plaintiff Example

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Average Witolessile Price J. Code Analysis Detail Plaintiff Multi-Source Drugs - Snapshot at Data of Initial Single Orug Pricer (SDP) Background File

					and the second s		Section 1000 to 100 to	Annual an	
920	Drug Description (1	# of Sources - Medicare Crosswalk and CMS Background	Total # of Sources - Compendia Equivalent Unit	# of NDCs (*)	A tol sener and toos in the too sener and too so many the told of	Background File Based Actual Medicare Relmbursem	Reimbursement Reimbursement Assumed in Reimbursement	Medicare Basis of Reimbursonen Zoorgan 2003 Medicare Background Pile	Dates) (Various 20% Colnsurance per
10100		4	4	55	\$2.	\$2.07	\$2.18	Median Generic	\$3.82
Javan	Methotrecale codium ion	4	4	24	\$2.19 - \$20.98	\$4.75	00.23	Median Generic	\$3.61
Charle 2 Adia	Chere 1 Additional Millisource Duine from Charles Hamaford Declaration	maford Declaration							
14000	Description of the South	¥	8	-	\$9.93 - \$21.42	\$9.43	\$9.93	Lowest Branded	\$4.20
11584(17)	ar 500 MG	20	0	0		,	,	Not Available	None Available
(M) CB211	Immino Globultister B.G.	0 %	2	4	\$310,00 - \$596,25			Not Available	None Available
14563	Immine Globado 1G	40	9	12	\$82.56 - \$100.93	\$78.38	\$82.51	Median Generic	None Available
11642		12	12	132	\$0.01 - \$2.61	\$0.08	\$0.06	Lowest Branded	None Available
12920 FP	Methylprednisolone up to 40MG	4	S	5	\$2.05- \$3.57	\$1.95	\$2.05	Lowest Branded	None Available
13010	Fentanyl Citrate up to 2ML	4	4	28	\$0.64 - \$3.15	\$0.93	\$0.98	Median Generic	\$0.22
13380		6	6	22	\$0.18 - \$6.37	\$0.86	30,91	Median Generic	\$0.20
(31) 06761	Inclassified date	°0	0	Ď			1	Not Available	None Available
7194	Bebidin	6	m	ιρ	\$0.39 - \$0.63	\$0.37	\$0.39	Lowest Branded	None Available
,17625(18)	Abuteroi 0.5% per mi.	0	13	17	\$0.36 - \$1.13	\$0.47	\$0.49	Not Available	\$0.57
J8100		\$	8	16	\$1.80 - \$6.94	\$3.19	\$3.36	Lowest Branded	None Available
.19250	Methotrexate sodium 2CC or 5MG	ស	2	77	\$0.22 - \$2.10	\$0.39	\$0.41	Median Generic	None Aveitable

(1) Drug descriptions were based on the CMS NDC-HCPCS Apr2005 Crosswalk

⁽²⁾ Number of sources is determined by the CMS NDC-HCPCS Apr2005 Coasswalk and 2003 HCPCS Drug Pricing Background File.

(2) Number of sources is determined by the CMS NDC-HCPCS Apr2005 Crosswalk, 2003 HCPCS Drug Pricing Background File. First DataBank, and RedBook.

HI Number of NDCs were based on the CMS NDC-HCPCS Apr2006 Crosswalk and 2003 HCPCS Drug Pricing Background File.

(0) If drug encounter level detail reflecting the allowed amount for that specific claim fine is not available then "none available" is used.

⁽²⁾ Only NDCs found in the Medicare Crosswałk were used to calculate the 2003 FGU normalized range.
(4) 2003 Medicare reimbursement data is for J7619, as J7625 was deleted in 2001 and J7619 was changed to J7613 as of 2005.

19) For this J Code the AWP Manufachurers range was calculated using the FBU normalized amount calculated from both First Data Bank and Redbook pricing data because all required AWPs were not available in Redbook.

For Joode J0835, No NDC's were available in the CMS NDC-HCPCS Apr2005 Crosswalk or 2003 HCPCS Drug Pricing Background File, the AWP unit price from Redbook was used to serive at the FBU normalized amount.

111) There is no 2003 data avaitable in RedBook for J3303.

12 There is a discrepancy between Red Book's calculation of AWP Unit and Medicare's calculation. After further review, it is believed that Medicare correctly calculated the AWP.

(13) Prior to January 1, 2004, Q4055 was Q1036.

(14) The 2003 number of NDCs and FBU range for 11562 is based on First DalaBank and MediSpan data because the required AWPs associated with the CMS selected NDCs were not available in

(16) 13490 is described as an "Unclassified Drug". Therefore, it was not possible to validate that the drug names used were actually the drug administered.

(16) For 17625 no NDC's were available in the CMS NDC-HCPCS Apr2005 Crosswalk or 2003 HCPCS Drug Pricing Background File, the AWP unit price from Redbook is used to arrive at the FBU normalized smount.

(17) For J1581 no NDCs were available in the CMS NDC-HCPCS Apt2005 Crosswalk or 2003 HCPCS Drug Pricing Background File

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2 of 2